

FEB 14 2007

400 Garden City Plaza, Suite 300
 Garden City, New York 11530
 (516) 742-4343 - Telephone
 (516) 742-4366 - Facsimile
 E-mail: introp@ssmp.com

**SCULLY, SCOTT, MURPHY
& PRESSER, P.C.**

Fax

To:	Examiner Matthew John Kasztejna Art Unit: 3739	From:	Thomas Spinelli, Esq. Registration No.: 39,533
Fax:	571-273-8300	Pages:	15
Phone:	571-272-6086	Date:	February 14, 2007
Re:	USSN: 10/764,892 Our Docket: 17376	CC:	

RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on February 14, 2007:

1. Response W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

Applicants: Tsutomu Okada
 Serial No.: 10/764,892
 For: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM
 Filed: January 26, 2004
 Docket: 17376
 Dated: February 14, 2007
 TS:cm

CONFIDENTIALITY: The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Christine Mogenis.

RECEIVED
CENTRAL FAX CENTER

FEB 14 2007

Doc Code:

PTO/SB/97 (09-06)

Approved for use through 03/31/2007. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on February 14, 2007
Date


Signature

Thomas Spineli

Typed or printed name of person signing Certificate

39,533
Registration Number, if applicable

.516-742-4343 EXT. 554
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

2-14-07; 2:08PM;SSMP FAX

:5167424366

3 / 15

FEB 14 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Tsutomu Okada

Docket No.
17376

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/764,892	January 26, 2004	Matthew John Kasztejna	23389	3739	9699

Invention: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. in the amount of
- A check in the amount of to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
- Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature

Dated: February 14, 2007

Thomas Spinelli
Registration No.: 39,533

CC:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

P11LARGE/REV10

Doc Code:

PTO/SB/97 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

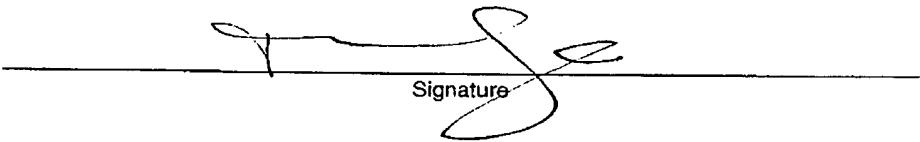
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on February 14, 2007
Date


Signature

Thomas Spinelli

Typed or printed name of person signing Certificate

39,533
Registration Number, if applicable

.516-742-4343 EXT. 554
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

2-14-07; 2:08PM:SSMP FAX

5167424366

5 / 15

FEB 14 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Tsutomu Okada

Docket No.
17376

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/764,892	January 26, 2004	Matthew John Kasztejna	23389	3739	9699

Invention: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

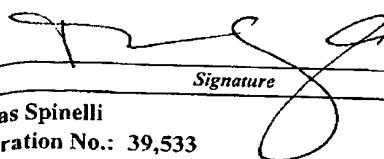
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

No additional fee is required for amendment.
 Please charge Deposit Account No. _____ in the amount of _____
 A check in the amount of _____ to cover the filing fee is enclosed.
 The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP
 Any additional filing fees required under 37 C.F.R. 1.16.
 Any patent application processing fees under 37 CFR 1.17.
 Payment by credit card. Form PTO-2038.

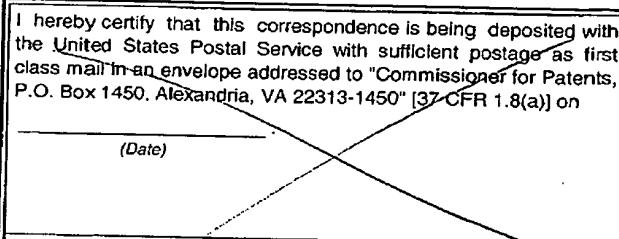
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature
Thomas Spinelli
Registration No.: 39,533

Dated: February 14, 2007

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____

(Date)


Signature of Person Mailing Correspondence


Typed or Printed Name of Person Mailing Correspondence

P11LARGE/REV10

**RECEIVED
CENTRAL FAX CENTER**

FEB 14 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Tsutomu Okada	Examiner:	Matthew John Kasztejna
Serial No:	10/764,892	Art Unit:	3739
Filed:	January 26, 2004	Docket:	17376
For:	DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM	Dated:	February 14, 2007
Conf. No.:	9699		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir:

In response to the Official Action dated November 28, 2006, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to facsimile number 571-273-8300 at the U.S. Patent and Trademark Office on the date shown below.

Dated: February 14, 2007


Thomas Spinelli

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.